

Universal Data Collection

U.S. Department of Health
and Human Services

Public Health Service

**Quality
of Life**



CDC ID

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Date of visit

Month	Day	Year						

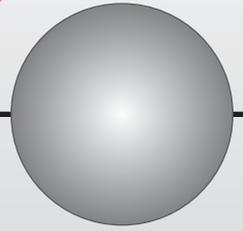
Date form completed

Month	Day	Year						

**UNIVERSAL DATA COLLECTION
FOR PERSONS WITH BLEEDING DISORDERS**

**QUALITY OF LIFE
Questionnaire**

Imaging



We would like to better understand how you and other persons with bleeding disorders feel, how well you are able to do your usual activities, and how you rate your own health. To help us better understand these things about you and other persons, we would like for you to answer some questions about your general health.

The questions are simple and multiple choice. This is not a test and there are no right or wrong answers. Choose the response that best represents the way you feel.

You should answer these questions yourself. Spouses, parents or other family members, or visitors, should not answer for you.

Some of the questions are very similar but all of the questions are necessary to gather the needed information.

The first set of questions asks about your health over the last 30 days.

1. In general, would you say your health is:

- Excellent
- Very Good
- Good
- Fair
- Poor

2. Now thinking about your physical health which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

Number of days ____

- None
- Don't know/Not sure
- Refused

3. Now thinking about your mental health which includes stress, depression and problems with emotions, for how many days during the past 30 days was your mental health not good?

Number of days ____

- None
- Don't know/Not sure
- Refused

IF "NONE" IN BOTH QUESTION 2 AND QUESTION 3, SKIP TO QUESTION 5

4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

Number of days ___ ___

- None
- Don't know/Not sure
- Refused

The following two questions are about activities that you might do during a typical day. Does your health now limit you in these activities? If so, how much?

5. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.

- Yes, limited a lot
- Yes, limited a little
- No, not limited at all

6. Climbing several flights of stairs.

- Yes, limited a lot
- Yes, limited a little
- No, not limited at all

The following two questions ask about how your physical health affects your work or other regular daily activities.

7. During the past four weeks, how much of the time have you accomplished less than you would like of your work or other regular daily activities as a result of your physical health?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

8. During the past four weeks, how much of the time were you limited in the kind of work or other regular daily activities as a result of your physical health?
- All of the time
 - Most of the time
 - Some of the time
 - A little of the time
 - None of the time

The following two questions ask about how your emotions affect your work or other daily activities.

9. During the past four weeks, how much of the time have you accomplished less than you would like of your work or other regular daily activities as a result of any emotional problems, such as feeling depressed or anxious?
- All of the time
 - Most of the time
 - Some of the time
 - A little of the time
 - None of the time
10. During the past four weeks, how much of the time did you do work or other regular daily activities less carefully than usual as a result of any emotional problems, such as feeling depressed or anxious?
- All of the time
 - Most of the time
 - Some of the time
 - A little of the time
 - None of the time

The next question asks about how pain affects your work.

11. During the past four weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?
- Not at all
 - A little bit
 - Moderately
 - Quite a bit
 - Extremely

The next questions are about how you feel and how things have been with you during the past four weeks. For each question, please give the one answer that comes the closest to the way you have been feeling.

12. How much of the time during the past four weeks have you felt calm and peaceful?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

13. How much of the time during the past four weeks did you have a lot of energy?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

14. How much of the time during the past four weeks have you felt downhearted and depressed?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

15. During the past four weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc)?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

The rest of the questions are about your own health today. By placing a checkmark in one box in each group below, please indicate which statements best describe your own health state today.

16. Mobility

- I have no problems in walking about
- I have some problems in walking about
- I am confined to bed

17. Self-Care

- I have no problems with self-care
- I have some problems washing or dressing myself
- I am unable to wash or dress myself

18. Usual Activities (for example work, study, housework, family or leisure activities)

- I have no problems with performing my usual activities
- I have some problems with performing my usual activities
- I am unable to perform my usual activities

19. Pain/Discomfort

- I have no pain or discomfort
- I have moderate pain or discomfort
- I have extreme pain or discomfort

20. Anxiety/Depression

- I am not anxious or depressed
- I am moderately anxious or depressed
- I am extremely anxious or depressed

To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please do this by drawing a line from the box below to whichever point on the scale indicates how good or bad your health state is today.

Inactive

Your own health state today

Best imaginable health state



Worst imaginable health state